DOCUMENT RESUME

ED 204 905 EC 133 372

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TITLE Early Intervention with Handicapped Black Infants from Low Socio-Economic Families: Issues and Concerns.
PUB DATE Feb 81
NOTE 16p.: Paper presented at The Council for Exceptional Children Conference on The Exceptional Black Child (New Orleans, LA, February, 1918, Session F-14).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Black Youth: *Disabilities: Economically Disadvantaged: Handicap Identification: *Infants: *Intervention: Medical Evaluation: Parent Attitudes: Preschool Education: *Socioeconomic Status
IDENTIFIERS *At Risk (for Handicap)

ABSTRACT

The authors address some of the issues and concerns surrounding the provision of early educational intervention with handicapped Black infants from low socioeconomic families. Problems in providing early intervention services for this population are seen to lie in three major areas--identification and diagnosis of potentially handicapping conditions is often overlooked in Black infants because sometimes their symptoms do not manifest themselves in the same manner as in Caucasian children, there is a lack of availability of free programs for children between the ages of 0 and 3, and many of the Black parents from low socioeconomic families have a poor education and therefore a limited understanding of the need for early intervention. (SB)

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EARLY INTERVENTION WITH HANDICAPPED BLACK INFANTS FROM LOW SOCIO-ECONOMIC FAMILIES: ISSUES AND CONCERNS

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Introduction

The movement toward educational intervention in the early childhood years began with such people as Froebel, Montessori and Piaget. They realized the significance of this period of development as a crucial time where active learning takes place. With this awareness came the influx of nursery and preschools. In the 1960's educators began to become concerned that many children from low socio-economic and "deprived" families, many of which were Black, were starting school at a disadvantage because of insufficient stimulation in the early childhood years. For this reason, Project Headstart was established to fill the gaps of these educationally disadvantaged youngster. It was believed that by having carefully structured experiences prior to entering school at age five, these children would more closely approximate the skills of their peers from more stimulating environments.

Children who are handicapped also fall under the category of disadvantaged. "It was suggested that handicapped and disadvantaged children suffered from a 'cumulative deficit' as a result of their noxious and/or unstimulating early environments. The effects of early deprivation as progressively more handicapping, were supported by many researchers. The importance of early intervention was further promoted by Bloom's suggestion in 1965 that a major proportion of intellectual development occurs during early childhood. Thus it became not only important to decrease the 'cumulative deficit' but also to do it during the 'critical period in which intervention was most likely to be successful." (Schirmer, Reese, Page, Olsen and Riegel, 1978).

In 1975, with the advent of PL 94-142 people began to realize that handicapped children have the right to an education, and many programs were developed and/or revamped to more appropriately meet the needs of this diversified population. Schools were mandated to provide programs for handicapped children between the ages of 3-21. The provision of services for very young handicapped children ages 0-5, were encouraged by the availability of discretionary funds for the development of early childhood programs for the handicapped and grants made available through Bureau for the Education of the Handicapped for model early education projects. Although there is little documented evidence of the effect of early intervention in infancy and the preschool years with handicapped children, early intervention is believed to play a significant part in helping the handicapped child reach his full potential, based on the results of early intervention with the nonhandicapped population. "It is generally conceded that the environment of an infant or young child of impoverished parents would be less stimulating and potentially lacking in opportunities for early learning. It was further easily argued that the young handicapped child, was by definition, disadvantaged in a way similar to, but possibly more severly than, the child of poverty." (Schirmer, Reese, et al)

The thrust toward early educational intervention (the term "educational" is used broadly to encompass all aspects of the learning process) with handicapped children from birth, is becoming very prevalent. The theory of the significance of early intervention with the handicapped is based on the belief that given the proper stimulation at the onset of the diagnosis of a handicapping condition, a child will have a greater chance of moving closer to normalcy, and moving closer to developing the skills needed to function successfully with his handicap, by utilizing the crucial period in growth

and development to establish a good solid foundation for future learning. Also the need for early intervention with handicapped infants and preschooler is supported by the fact that many of the things a nonhandicapped child learns incidentally during infancy, a handicapped child may not learn unless someone actively teaches it to him.

In a search of the current literature on early intervention, it is apparent that there is little, if any information addressing the issues and concerns of providing early intervention with handicapped infants from low socio-economic families. The concerns and problems facing professionals working with handicapped Black infants and their families have been virtually ignored. This paper seeks to address some of the issues and concerns surrounding the provision of early educational intervention with handicapped Black infants from low socio-economic families.

The Need for Early Intervention with Handicapped Black Infants from Low Socio-Economic Families

Early intervention with handicapped Black children from low socio-economic families is needed to prevent the waste of human potential. Infants are the hope for the future. Black infants provide hope for the continuation of Black culture and heritage, as well as hope for continued growth and development of society as a whole.

It has been documented that children from low socio-economic families are often educationally disadvantaged because they lack the sufficient stimulation in their early years to enable them to realize their full potential. Often times parents from low socio-economic families don't realize the need for early experiential activities which stimulate intellectual growth, or they may be unaware of how to provide such experiences for their baby. The infant consequently, is deprived of a very crucial step in his learning career. The poor education of many parents from low socio-economic families may contribute to the absence of education as a priority in the family hierarchy of concerns due to their own limited and/or negative learning experiences. This may also decrease the likelihood of parental support and encouragement in the education of children from low socio-economic families.

The cultural differences between Black children and middle class white children are often perceived as Black inferiority. The assumption that these differences represent inferiority has subjected many Black children to restricted educational experiences. According to information from the Congressional Oversight Hearings and reports from advocacy groups like the Children's Defense Fund, Black children are being misdiagnosed and placed in classes for the "educable mentally retarded" at a rate of over three times that of white children (Bedi, 1980).

The decision in the Larry P. vs. Riles case of 1971 has attempted to end such practices in the State of California. Public Law 94-142 also seeks to address this issue in the section which prohibits the use of discriminatory testing procedures as a method of placing children in special education programs. However, Black children are still receiving inappropriate education because of their cultural differences. Practices such as these, create special problems for children growing up Black in America due to the indifference, insensitivity and ignorance of the needs of Blacks, by those individuals who influence attitudes and make the policies in this country (Comer, Poussaint, 1975).

The child born to a low socio-economic family is starting out with one strike against him. The child born to a low socio-economic family who is Black and handicapped, is starting out with three strikes against his survival and his achievement of integrity, respect and a place in the American Society. Early intervention provides a mechanism by which the initial and cumulative effects of these conditions can be lessened, by furnishing the infant with structured experiences to stimulate his physical, cognitive and social development.

Problems in Providing Early Intervention with Handicapped Black Infants

In trying to provide early intervention services for handicapped Black infants from low socio-economic families several problems are manifested. These problems present themselves in three major areas. The areas are (1) identification and diagnosis, (2) placement and (3) working with parents. In examining the question, what are some of the issues and concerns related to the identification and diagnosis of handicapped Black infants?, our attention is immediately drawn to the medical profession. Physicians are in an optimum condition to identify infants who are handicapped or "at risk" since they are instrumental in bringing these infants into the world. However, the identification and diagnosis of potentially handicapping conditions is often overlooked in Black infants because sometimes their symptoms do not manifest themselves in the same manner as in Caucasian children. As Hilliard (1980) states, lack of sensitivity to culture can lead to professional error. Although he was speaking about educators, his statement is applicable to the medical profession as well. According to Branch and Paxton (1976), there are different inherited strengths and weaknesses in each ethnic group, for instance Black children reach developmental levels which are advanced compared to the norms of white middle class children. Therefore, they emphasize the need and importance for health care workers to know the physiological variations of what is normal for a specific ethnic group of color. The inability of physicians to accurately diagnosis certain pathological conditions in infants, can contribute to the development of a handicapping condition which could have been prevented or compounded the effects of an already adverse situation. An example of

the former is illustrated in the following antedote:

> Mrs. Nurse, a Black female age 32, enters the hospital to have her second child. Her attending physician is a competent white male whose medical school training provided only limited experience with Black infants. Mrs. Nurse has her baby without complications. The doctor informs Mrs. Nurse that the child is a normal healthy girl, and told her that she and her new daughter could go home in three days which is the normal release time for a healthy infant. As day three approaches, Mrs. Nurse notices that her baby has the symptoms of jaundice. Mrs. Nurse, has worked as a registered nurse for approximately twelve years and has come in contact with many black infants in her various positions. She feels certain that her assessment of her daughter's condition is accurate based on her knowledge and experience. Mrs. Nurse approaches the doctor with her concern, and he quickly dismisses it because he learned in medical school that one of the most common ways to identify a jaundice baby is by the yellow tinge of the skin. Mrs. Nurse's daughter didn't have yellow skin, therefore the baby wasn't jaundice. However, the doctor failed to take into consideration that the child had a dark complexion and the yellow tinge would not be readily apparent. Mrs. Nurse finally convinced the doctor to do tests to determine whether the child was jaundice. The results of the test were positive, and Mrs. Nurse's baby had to stay in the hospital under a lamp until the child's condition cleared up. Mrs. Nurse was happy to take her new baby home, and she was relieved that she was able to identify her baby's problem before the child went home because without the proper corrective treatment, the child could have been scarred with permanent physical and mental damage.

Jaundice is caused by elevated bilirubinemia. The immature liver picks up the extra bilirubin and makes the skin yellow. If it doesn't go down by the 4th day after the baby is born and continues to elevate, the bilirubin can cross the blood brain-barrier. High levels of bilirubin in the brain can lead to varying degrees of brain damage which can cause mental retardation, cerebral palsy, deafness and in less severe cases, minimal brain damage (Marlow, 1965).

Currently only two percent of the doctors in the United States are Black, and since the Bache case there has been a steady decline in the number of Black students accepted into medical schools. With such a small percentage of Black doctors being trained, there is a greater chance that incidences like the one described in the antedote will occur in the future. The only way that this situation can be remedied is if the traditional medical school programs are adapted to incorporate differential diagnosis of the inherited variations of strengths and weaknesses of the physical, biological and developmental characteristics of Black people. (Branch, Paxton, 1976) Other diseases/medical complications which may be overlooked and or misdiagnosed in Black children are cyanosis, scarlet fever and lactic acid intolerance. When a Caucasian child is cyanotic, he turns blue because there is a decrease in the oxygen to the blood. In Black children, symptoms of cyanosis are bluish nail beds, gums and palms of hands/feet, pale tonal quality to skin and anemia. If left untreated, the child may develop heart problems and go into respiratory distress. Premature infants and babies of diabetic mothers are often cyanotic at birth. Scarlet fever may usually make children look red, in a dark complexion Black person, the child may be misdiagnosed as having the measles. Complications which can develop in untreated scarlet fever victims are pneumonia, kidney disease and rheumatic fever. Black infants often have an intolerance to milk and products with lactic acid such as soybean formulas. Doctors often recommend that children who can't drink milk should use soybean formulas for substitutes. For a Black infant experiencing lactic acid intolerance, the use of soybean formula will only continue to aggravate the problem, rather than alleviate it. If this occurs, doctors may attribute the

problem to a stomach disorder and try to treat it as such. The need for proper identification and diagnosis of possible handicapping conditions and medical complications in Black infants are extremely important if the proper intervention techniques and follow-up is going to effectively assist the growth and development of the child. The absence of proper diagnosis intervention and follow-up may contribute to retarded physical and mental growth of Black infants.

Another problem which inhibits physicians from pinpointing problem areas and/or high risk infants is the fact that they lack a focus on child development and the causes of developmental delays. Physicians know child development but unless there is a specific medical abnormality, they are often reluctant to look for the cause or realize that it is an indicator that there is a problem in the child's development. The more common approach to dealing with children who are not developing as they should is to dismiss it by saying wait and see, he'll grow out of it. However, many children do not grow out of it; and by the time someone intervenes, irreparable damage may have taken place. According to Dr. Burton White, the director of the Harvard Preschool Project, age 5 is hopelessly late to begin early intervention, and therefore he stresses that early childhood experiences are more important and effective than the traditional wait and see attitude often exhibited by medical and educational professionals who are confronted with developmental delayed infants and preschoolers (Flood, 1979).

There are a variety of problems associated with trying to place handicapped Black infants from low socio-economic families in early intervention programs. A major problem is the lack of availability of free programs for children between the ages of 0-3. According to

the Bureau of Education for the Handicapped's (BEH) semiannual update of the implementation of P.L. 94-142, in August, 1979, only 1/3 of the 50 United States mandates free educational services for handicapped children three through five year olds while, only four states mandate free educational programs for handicapped children from birth through age two (U.S. Department of Education, 1979). Therefore, if a handicapped Black infant from low socio-economic family is going to receive early intervention services, they cannot get them from the local educational agencies in most instances, and they are usually unable to afford the fees of private facilities. Therefore, the child may have to do without the services which are needed to facilitate his growth and maximize his potential, unless there are free programs available to him. BEH does encourage the development of model programs for early intervention with handicapped children through the Handicapped Children Early Education Program grants; however, the numbers and locations of the programs are insufficient to meet the needs of all of the low income families with handicapped children who need such services. Also, there is a need for diversification among programs. There needs to be a continuum of services to meet the needs of a range of handicapping conditions in infancy, as well as a range of the types and the scheduling of services. For example, there needs to be programs for infants with mild developmental delays as well as programs for infants who are severely and profoundly handicapped. There also needs to be programs that provide services on a daily, weekly and/or monthly basis and offer center and/or home based components to adequately meet the needs of the infant and his family.

Recent research indicates that early intervention with handicapped infants can and does serve to reduce and in some cases eliminate handicapping conditions (Schere, Reiss, 1977, Ramey, Smith, 1979). However,

handicapped Black infants often cannot take advantage of early intervention programs because they may be inaccessible to them. They may lack the transportation, the funds to pay for baby sitters for their other children, or the proper clothing for the child to wear. Early intervention and other health care services are of use to individuals when they have the means to access such services. Therefore, location, cost, time, attitudes of health and educational personnel, rapid transportation, etc. may interact to prevent the accessibility of health care and/or early intervention services (Branch, Paxton, 1976). Thus, a major consideration in the development of early intervention programs for low socio-economic families is how are you going to make it possible for the clients you are trying to serve to benefit from what you are trying to offer? If transporation is unavailable, taxi scripts or tokens may need to be provided by the program or the program may have to go to the home of the infant, in order to maximize the utilization of the services by those infants and parents who could use it the most, but do not have the means to get to the program on their own.

As previously mentioned many of the Black parents from low socio-economic families have a poor education and a limited understanding of handicapping conditions and the need for early intervention; therefore, they may not provide the infant with the experiences he needs. According to Stone (1979) when maternal assistance to the biologically normal child is insufficient, the deprivation leads to retardation and cognitive, physical and the affective development of the child may be affected. "Symptoms may include failure to thrive syndrome, hospitalism or socio cultural deprivation depending on the quality and the timing of the deprivation (p. 20)." The effect of poverty and low socio-economic

status on the life and health is further illuminated by Branch and Paxton (1976):

> Poverty must not be overlooked as a perpetuator of a number of diseases and injuries. Buying power is instrumental to the life style and patterns of people, just as it is instrumental to the level of health. Material goods necessary for the maintenance of human integrity are accumulated only in proportion to money available. One might hasten to add that this basic factor is applicable in a number of ways--from the purchase of food to the purchase of health care, including the ability to purchase a safe environment (p. 129).

A handicapped child in a low socio-economic family is an additional strain and burden on that family. The infant, by the nature of his handicapped, can create additional expenses for an already tight and over extended budget. The lack of finances may decrease the likelihood that the child will receive quality services and/or may deny another family member a meal or clothing to attend work or school. The added burden of having a handicapped child may create tension in the family and may cause estranged interpersonal relationships between husband and wife, mother and children or the handicapped child and his siblings. Therefore in trying to provide early intervention with handicapped Black infants from low socio-economic families, it is necessary to work just as closely with the family, as it is for you to work with the infant in order to help the family cope with the financial and/or emotional strain of coping with having a handicapped infant in the family.

Another problem associated with working with parents from low socio-economic backgrounds is that they usually do not provide the proper nutrition for the growth and development of the infant. Lack of proper nutrition can cause retarded growth in the infant which can compound the condition of the child's handicap. In 1976, Branch and Paxton stated

that primary malnutrition is often a poverty perpetuated problem in children. The list of diseases in children which are caused by improper or inadequate diets includes rickets, mental retardardation, growth retardation, dental cavities, inflammation of the stomach and intestines, anemia, obesity and emaciation. Spontaneous miscarriages have also been correlated with low socio-economic status, as well as infant mortality and prematurity. "The basis for wastage of human potential and life is interwoven in poverty, malnutrition and inadequate prenatal care. The former factor (poverty) plays havoc with nutricional demands and the accessibility to prenatal care (p. 128)."

Summary

Several issues have been addressed in this paper relative to the provision of early intervention with handicapped Black infants from low socio-economic families; however, the scope of the problem still has not been completely exhausted. This paper has only begun to scratch the surface of the problem. The authors hope that the information provided will serve to enlighten those who are currently providing early intervention with this population, as well as those who are considering entering this field, of some of the problems, concerns and considerations that must be explored in order to provide the most effective early intervention programs and services possible for handicapped Black infants and their families. By doing so, we can help insure the maximum development of human potential in many future Black Americans.

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